



PTO/SB/14 (02-04)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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|--|--|------------------------|-------------------|
|  |  | Application Number     | 09/028,276        |
|  |  | Filing Date            | February 24, 1998 |
|  |  | First Named Inventor   | Shigeru ATSUMI    |
|  |  | Art Unit               | 2815              |
|  |  | Examiner Name          | Eckert II, G      |
| Total Number of Pages in This Submission |  | Attorney Docket Number | 001701.73982      |

### ENCLOSURES (check all that apply)

|  |   |  |
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| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment / Reply                        | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s)<br><i>(please identify below):</i>  |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund   | Replacement Drawing Sheet  |
| <input checked="" type="checkbox"/> Information Disclosure Statement         | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <b>Remarks</b>  |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |                                     |
|-------------------------|-------------------------------------|
| Firm or Individual name | Gary D. Fedorochko, Reg. No. 35,509 |
| Signature               |                                     |
| Date                    | 11/23/04                            |

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180)

Complete if Known

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|                      |                  |
|----------------------|------------------|
| Application Number   | 09/028,276       |
| Filing Date          | Febrayr 24, 1998 |
| First Named Inventor | Shigeru ATSUMI   |
| Examiner Name        | Eckert II, G.    |
| Art Unit             | 2815             |
| Attorney Docket No.  | 001701.73982     |

| METHOD OF PAYMENT (check all that apply)   |          |                        |          |  | FEE CALCULATION (continued)  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
|--|----------|------------------------|----------|--|--|----------|--------------|----------|-----------------|----------|----------|----------|----------|-----------------|----------|------|-----|------|-----|------------------------|--|------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|-----|------|-----|--|--|------|-----|------|----|--|--|--------------|--|--|--|--|--------|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account   |          |                        |          |  | <b>3. ADDITIONAL FEES</b>  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| Deposit Account Number   |          | 19-0733                |          |  | Large Entity   |          | Small Entity |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| Deposit Account Name   |          | Banner & Witcoff, LTD. |          |  | Fee Code   | Fee (\$) | Fee Code     | Fee (\$) | Fee Description | Fee Paid |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| <b>The Director is authorized to:</b> (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. |          |                        |          |  |  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| FEE CALCULATION  |          |                        |          |  |  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| 1. BASIC FILING FEE  |          |                        |          |  |  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| Large Entity   |          | Small Entity           |          |  | <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>790</td><td>2001</td><td>395</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002</td><td>350</td><td>2002</td><td>175</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>550</td><td>2003</td><td>275</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>790</td><td>2004</td><td>395</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td align="right" colspan="5">SUBTOTAL (1)</td> <td align="right">(\$ 0)</td> </tr> </tbody> </table>   |          |              |          |                 | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | 1001 | 790 | 2001 | 395 | Utility filing fee     |  | 1002 | 350 | 2002 | 175 | Design filing fee                 |  | 1003 | 550 | 2003 | 275 | Plant filing fee                      |  | 1004 | 790 | 2004 | 395 | Reissue filing fee                                 |  | 1005 | 160 | 2005 | 80 | Provisional filing fee                                     |  | SUBTOTAL (1) |  |  |  |  | (\$ 0) |
| Fee Code   | Fee (\$) | Fee Code               | Fee (\$) | Fee Description  | Fee Paid   |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| 1001   | 790      | 2001                   | 395      | Utility filing fee   |  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| 1002   | 350      | 2002                   | 175      | Design filing fee  |  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| 1003   | 550      | 2003                   | 275      | Plant filing fee   |  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| 1004   | 790      | 2004                   | 395      | Reissue filing fee   |  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| 1005   | 160      | 2005                   | 80       | Provisional filing fee                                     |  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| SUBTOTAL (1)   |          |                        |          |  | (\$ 0)   |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  |          |                        |          |  |  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| Total Claims   | -20 **   | = 0                    | X        | Fee from below   |  | Fee Paid |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| Independent Claims   | -3 **    | = 0                    | X        |  |  | 0        |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| Multiple Dependent   |          |                        | X        |  |  | 0        |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
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| Fee Code   | Fee (\$) | Fee Code               | Fee (\$) | Fee Description  | Fee Paid   |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| 1202   | 18       | 2202                   | 9        | Claims in excess of 20                                     |  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| 1201   | 88       | 2201                   | 44       | Independent claims in excess of 3                          |  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| 1203   | 300      | 2203                   | 150      | Multiple dependent claim, if not paid                      |  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| 1204   | 88       | 2204                   | 44       | ** Reissue independent claims over original patent         |  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| 1205   | 18       | 2205                   | 9        | ** Reissue claims in excess of 20 and over original patent |  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| SUBTOTAL (2)   |          |                        |          |  | (\$ 0)   |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
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| Other fee (specify) _____  |          |                        |          |  |  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
| *Reduced by Basic Filing Fee Paid  |          |                        |          |  |  |          |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |
|  |          |                        |          |  | SUBTOTAL (3)   | (\$ 180) |              |          |                 |          |          |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |  |        |

| SUBMITTED BY      |                    |                                   |        |           |              | Complete (if applicable) |          |
|-------------------|--------------------|-----------------------------------|--------|-----------|--------------|--------------------------|----------|
| Name (Print/Type) | Gary D. Fedorochko | Registration No. (Attorney/Agent) | 35,509 | Telephone | 202-824-3000 |                          |          |
| Signature         |                    |                                   |        |           |              | Date                     | 11/23/04 |

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